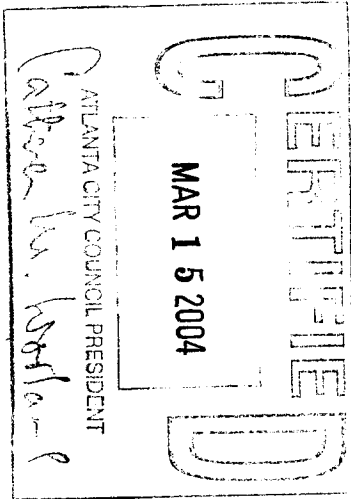


Entered 6-24-03 sb
CL 03L0515 GWENDOLYN BURNS

CLAIM OF: LUCY SANTANA
410-A 7th Street, NE
Atlanta, Georgia 30308

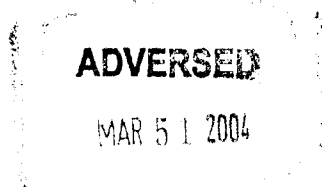
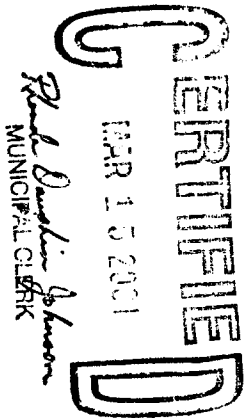
04-*ℓ*-0408



For vehicular damages alleged to have been sustained from flooding due to storm sewer overflow on May 15, 2003 at 416 7th Street, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY




ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/04

CHAIR: 

Carol Smith

Harold Smith

Robert Woodward

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0515

Date: February 24, 2004

Claimant /Victim LUCY SANTANA
BY: (Atty) (Ins. Co.) _____
Address: 410-A 7th Street, NE, Atlanta, Georgia 30308
Subrogation: _____ Claim for Property damage \$ 7,685.85 Bodily Injury \$ _____
Date of Notice: 6/17/03 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 5/15/03 Place: 416 7th Street, NE
Department WATERSHED MANAGEMENT Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle was flooded due to a storm sewer overflow. However, an investigation determined that the storm sewers at the subject location are on a maintenance schedule for cleaning and the City was not on notice of a storm sewer problem at the subject location prior to the date of claimant's incident.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures X Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

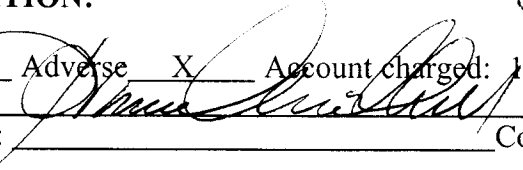
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2P01 _____ 2H01 _____
Claims Manager:  Concur/date 02/26/04
Committee Action: _____ Council Action _____

FORM 23-61

Firm
3/22/04

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Sue
BURNS
06/11/03
DR

Today's Date: 05/22/03

ENTERED - 06-24-03 - DP
03L0515 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 7,685.85 property and/or
\$ 0 bodily injury for which I contend the City is liable. *(See Attached)*

1. Date of incident: 05/15/03 (month/day/year). 2. Time of Incident: 230 AM 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): 416 7th Street NE, APT D. ATL GA 30308
5. Name of your insurance company: State Farm Policy No. 1482379-D18-11H
6. State what and how incident occurred: Street flooded and 1993 Ford Ranger
flooded and was totaled by Insurance Company.
Claim # 11-4108-034 The truck was towed to
Craneville Salvage (770-932-7617) State Farm has title to truck.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Ford 1993 641 LYN Lucky Santana
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Lucky Santana
Signature of Claimant

410 A

Lucky Santana
(Print Claimant's Name)

416 7th Street NE Apt D
(Address)

Atlanta GA 30308
(City, State and Zip Code)

770-598-4545 404-876-6211
(Work Number) (Home Number)

04-R-0408



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

March 26, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Lucy Santana
410-A 7th Street, NE
Atlanta, GA 30308

04-R-0408

Dear Ms. Santana:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on March 15, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly
Rhonda Dauphin Johnson

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department